

## HERTFORDSHIRE COUNTY COUNCIL

### OVERVIEW AND SCRUTINY COMMITTEE FRIDAY, 29 SEPTEMBER 2017 AT 10.00AM

#### TRAINING FOR HERTFORDSHIRE FIRE AND RESCUE CREWS TO RESPOND TO MEDICAL INCIDENTS

##### Report of the (Chief Officer)

Author: Darryl Keen, Director of Community Protection and  
Chief Fire Officer, (Tel: 01992 507500)

Executive Member: Terry Hone, Community Safety and Waste  
Management

#### **1. Purpose of report**

- 1.1 To provide the Overview & Scrutiny Committee (OSC) with a summary of the benefits as a result of Hertfordshire Fire and Rescue Service (HFRS) crews being trained to provide trauma care and other medical interventions, in particular when responding to Ambulance call outs.

#### **2. Summary**

- 2.1 The Association of Ambulance Chief Executives (AACE) defines a co-responder as:

*“A member of a professional body (e.g. police, fire, military, coastguard, mountain rescue) who responds to 999 calls on behalf of the ambulance service to a level specified by that trust.”*

- 2.2 Co-responding is considered to be where established emergency responders from a Fire and Rescue Service act on behalf of the East of England Ambulance Service (EEAST) and attend agreed emergency medical calls within a specified geographical area.
- 2.3 In summary, HFRS co-responders can play a vital role in assisting EEAST to provide emergency patient care and, by early intervention and treatment including effective CPR and defibrillation, help in reducing the number of cardiac related deaths within their local community. HFRS crews have achieved an average overall response time of approximately 6 minutes for medical incidents attended between May 2016 and June 2017.

- 2.4 This average response is within the current Department of Health requirement that the ambulance service reaches 75% of category A (life-threatening) calls within eight minutes.

### **3. Background**

#### **3.1 Co-responding Implementation**

- 3.1.1 Following consultation with, and authorisation by the National Joint Council for Local Authority Fire and Rescue Services (NJC), on the 9th May 2016 HFRS entered into a trial Co-responding Project to support the EEAST. Initially crews based at Watford and Stevenage began responding to incidents of non-paediatric cardiac arrest in their immediate response area (station ground).
- 3.1.2 The trial within Hertfordshire was part of a wider regional trial being conducted between HFRS, Norfolk, Suffolk, Cambridgeshire, Bedfordshire and Essex FRS and the EEAST. This wider trial facilitated the production of a regional Memorandum of Understanding to ensure consistency across the region.
- 3.1.3 The initial two, and subsequent additional, response locations in Hertfordshire were identified and chosen via the use of Ambulance Service response data that identified where in the county EEAST felt they required support.
- 3.1.4 The initial trial proved successful with the Service demonstrating that it is able to provide a suitable response to such incidents when requested by the EEAST. Regular feedback from EEAST officers and responders has praised the enthusiasm, skills and professionalism of HFRS staff.
- 3.1.5 Between December 2016 and February 2017 a further three whole-time stations (St Albans, Hemel Hempstead, Borehamwood) and the first Retained Duty System (RDS) station (Tring) were added to the trial with support from staff representative bodies.
- 3.1.6 In January 2017 a report<sup>1</sup> was published, '*Broadening Responsibilities: Consideration Of The Potential To Broaden The Role Of Uniformed Fire Service Employees*', by the University of Hertfordshire which had been commissioned by the National Joint Council for Local Authority Fire and Rescue Services (NJC). The aim of the report was to identify what impact, if any, firefighters can have on the delivery of emergency medical response and wider community health interventions in the UK.
- 3.1.7 The overall conclusions identified in this independent report were:
- 3.1.7.1 Appropriately trained and equipped firefighters co-responding to targeted, specific, time-critical medical events, such as cardiac arrest, can improve patient survival rates.

---

<sup>1</sup> [http://researchprofiles.herts.ac.uk/portal/en/projects/broadening-responsibilities-consideration-of-the-potential-to-broaden-the-role-of-uniformed-fire-service-employees\(ed1d8b52-389c-4fd5-a9dd-374f32a6efb2\).html](http://researchprofiles.herts.ac.uk/portal/en/projects/broadening-responsibilities-consideration-of-the-potential-to-broaden-the-role-of-uniformed-fire-service-employees(ed1d8b52-389c-4fd5-a9dd-374f32a6efb2).html)

3.1.7.2 The data also indicated that there is support from fire service staff – and an identified need for additional support for members of the public, particularly the elderly, isolated or vulnerable – to expand ‘wider work’ i.e. winter warmth assessments, Safe and Well checks, community defibrillator training and client referrals for vulnerability.

## **3.2 Training Requirements**

3.2.1 Since 2013, and therefore prior to the implementation of co-responding, all HFRS operational staff have received training in Immediate Emergency Trauma Care (Intermediate) which is provided by HFRS instructors and quality assured by Trauma and Resuscitation Services Ltd. In addition, St Albans crews received training at an Advanced level due to the requirement to attend an increased number of Road Traffic Collisions with the Rescue Support Unit based at St Albans. This increased level of training was implemented on a Service wide basis to ensure that HFRS crews were suitably trained and equipped to provide initial medical intervention for the public where crews arrived at incidents before EEAST.

3.2.2 All trauma accreditation and courses (intermediate and advanced) have a currency period and individuals require requalification at the end of a three-year term with 6 monthly refresher sessions to maintain competencies, this is centrally managed by the Training and Development Centre.

3.2.3 HFRS also has a number of Instructors who deliver refresher training on medical skills and competencies at stations and through the Training Centre at Longfield medical skills.

3.2.4 During the design of the trial it was identified that because of the existing and established trauma care training and accreditation HFRS staff had a very high level of competence in medical response and would not therefore require any additional medical training for crews to attend co-responding incidents.

3.2.5 Additional awareness, understanding and training was provided to staff by the EEAST to cover safeguarding policies and procedures, Medical Incident Reporting Forms and Do Not Resuscitate protocols.

## **4. Financial Implications**

- 4.1. All items of equipment that are owned by HFRS are replaced by EEAST when they are used at a co responding incidents to maintain a cost neutral position in relation to equipment for HFRS.
- 4.2. There is a cost element attached to the appliances attending the incident with additional fuel requirements and associated wear and tear on vehicles.
- 4.3. However this is certainly offset by the benefit that the attendance to this type of incident and the assistance provide by HFRS crews has

had in reducing the number of cardiac related deaths within their local community.

- 4.4. Crews at the 5 co-responding, whole-time stations incur no additional salary costs as they are 'on duty', though their mobilisation to medical incidents prevents them from undertaking other work or training. The cost is therefore in the form of 'opportunity lost'.
- 4.5. There are additional direct costs attached to the co-responding trial for those incidents utilising the RDS crew at Tring. The Tring crew require an attendance payment of, on average, £14.76 per person (£73.80 per hour = crew of 5) for each co-responding call.
- 4.6. To date (July 2017), Tring have been alerted to 20 co-responding incidents since December 2016 with an approximate overall wage cost to HFRS of £1476.00 for their attendance.
- 4.7. Currently HFRS are able to meet these additional RDS salary costs through the existing RDS salary budget, however should this trial expand further specifically utilising additional RDS stations or a significant increase in call volume, then HFRS will need to consider the budget impact and potential reimbursement through EEAST.
- 4.8. In any proposal to expand the trial or to make co-responding an integral part of HFRS emergency response, both the adoption in to the firefighter's role map and assessment of how costs will fall to EEAST and HFRS will need careful consideration.

## **5. Benefits**

- 5.1. HFRS crews have on a number of occasions instigated trauma care and cardiac arrest intervention to successfully aid casualty recovery and prolong life. Considerable positive feedback has been provided by EEAST crews and officers referencing the professionalism and skills exhibited by HFRS staff, the benefits of having a group of skilled firefighters who are used to working well as a team at these very traumatic and fast-paced incidents has been well recognised by all.
- 5.2. Within the trial areas, individuals and communities of Hertfordshire are provided with a more efficient and effective response to incidents of cardiac arrest.
- 5.3. The trial was implemented and has been maintained at limited additional cost to HFRS.
- 5.4. HFRS crews have obtained additional safeguarding skills and experience in medical interventions through participation in the trial.
- 5.5. HFRS crews are afforded the opportunity to utilise and maintain their trauma care skills and competencies in a 'live' operational environment as opposed to simulated scenarios. These developed skills can be further utilised at more traditional HFRS related incidents (fires, RTCs, rescues, etc.).

- 5.6. This additional experience also means that HFRS firefighters, who undertake a potentially dangerous job, have the reassurance that their colleagues are well trained and ready to assist should they find themselves in need of medical assistance.
- 5.7. It is also worth noting that a number of HFRS firefighters have assisted at medical incidents whilst off duty as a result of being in the 'right place at the right time', further supporting the case for these skills.

